

2014 FEB -4 PM 3:03

DEPUTY CLERK *AAC*

Richard A. Eley
Plaintiff

v.

Waffle House
Defendant

3-14CV0436-L

Civil Action No.

COMPLAINT

On December 1, 2013 at 5:30PM, I was involved in a work injury that involved treatment and a Workers Compensation Claim was filed. My employer, Jamie Brewer, regarded me as having a physical impairment and kept me off the work schedule even though I was able to return to work after treatment.

On December 16, 2013 at 11:57AM, I called my Waffle House Corporate Office and spoke with Svetlana Chuliy from the Legal Department and complained about the discrimination. She advised she would gather information then call me back. She never contacted me and I was subsequently fired without notification as retaliation for complaining. I discovered my termination by calling the Texas Workforce Commission as a result of my reduced work hours.

* Attach additional pages as needed.

Date

2/4/2014

Signature

Richard A. Eley

Print Name

Richard A. Eley

Address

742 Mission Lane

City, State, Zip

Lancaster, TX 75146

Telephone

(214) 881-5358

The JS 44 civil coversheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM)

RECEIVED

FEB 24 2014

(a) PLAINTIFFS <i>Richard & A. E. Eley 742 Mission Lane Lancaster, Texas 75146</i>		DEFENDANTS <i>Waffle House 5786 Financial Dr., N.E. Norcross, Georgia 30071-2941</i> County of Residence of First Listed Defendant	
(b) County of Residence of First Listed Plaintiff <i>(EXCEPT IN U.S. PLAINTIFF CASES) Dallas County, Texas</i>		NOTE: (IN U.S. PLAINTIFF CASES ONLY) IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.	
(c) Attorneys (Firm Name, Address, and Telephone Number)		Attorneys (If Known) 3-14 CV 0436 - L	

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)		III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)	
<input checked="" type="checkbox"/> 1 U.S. Government Plaintiff	<input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)	<input checked="" type="checkbox"/> PTF	<input type="checkbox"/> DEF
<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)	<input type="checkbox"/> Citizen of This State	<input checked="" type="checkbox"/> Incorporated or Principal Place of Business In This State
		<input type="checkbox"/> 1	<input type="checkbox"/> 4
		<input type="checkbox"/> 2	<input type="checkbox"/> 5
		<input type="checkbox"/> 3	<input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)			
CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veterans Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Med. Malpractice	<input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property <input type="checkbox"/> 881 21 USC 881 <input type="checkbox"/> 690 Other <input type="checkbox"/> 422 Appeal: 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <input type="checkbox"/> PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademarks <input type="checkbox"/> LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor Mgmt. Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Emp'l. Ret. Inc. Security Act <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <input type="checkbox"/> FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609 <input type="checkbox"/> IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee (Prisoner Petition) <input type="checkbox"/> 465 Other Immigration Actions
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable Sat. TV <input type="checkbox"/> 550 Securities Commodities Exchange <input type="checkbox"/> 580 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes

V. ORIGIN (Place an "X" in One Box Only)					
<input checked="" type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	<input type="checkbox"/> 5 Transferred from another district (specify)	<input type="checkbox"/> 6 Multidistrict Litigation

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

VI. CAUSE OF ACTION		Brief description of cause:			
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VII. REQUESTED IN COMPLAINT:	<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23	DEMAND \$	CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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VIII. RELATED CASE(S) PENDING OR CLOSED: (See instructions)		JUDGE <i>Richard Eley</i>	DOCKET NUMBER		
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DATE	SIGNATURE OF ATTORNEY OF RECORD	<i>Richard Eley</i>			
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FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

<input type="button" value="Print"/>	<input type="button" value="Save As..."/>	<input type="button" value="Reset"/>
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OFFICIAL RECEIPT
DALLAS COUNTY OFFICIAL RECEIPT GARY FITZSIMMONS, DISTRICT CLERK
Page 3 of 7 PageID 7

Payor
RICHARD AGREATT ELEY

Receipt No.
5809-2014-DCLK

Transaction Date
02/3/2014

Description	Amount Paid
Miscellaneous Payment	
MISCELLANOUS ITEMS	6.00
SUBTOTAL	6.00
PAYMENT TOTAL	6.00
CASH Tendered	6.00
Total Tendered	6.00
Change	0.00
02/03/2014	Cashier
03:45 PM	Station DC126
	Audit
	57200395

OFFICIAL RECEIPT

CARMEN MCNER


Cause Number: _____
 (The Clerk's office will fill in the Cause Number when you file this form.)

Petitioner/
Plaintiff

Richard Eley

In the (check one):

(Court Number)

- District Court
 County Court at Law
 Justice of the Peace

Respondent/
Defendant

Waffle House

Dallas
 (County)

County, Texas

Use this form to ask the court not to charge you for court fees. This form is also called an "Affidavit of Inability to Pay Court Costs" or a "Pauper's Oath." You can only use this form if: (1) you get public benefits because you are poor or (2) you can't pay court fees.

The information you give on this form must be current, complete, true and correct.

Affidavit of Indigency

(Request to Not Pay Court Fees)

You must either 1) sign this form in front of a notary public or 2) sign this form and sign and attach a completed "Unsworn Declaration" form. By signing in front of a notary, you swear under oath that the information provided is true and correct. By signing and attaching an "Unsworn Declaration" form, you declare under penalty of perjury that the information provided is true and correct.

You can be prosecuted if you lie on this form.

The court may or may not approve this request to not pay court fees. The court may order you to answer questions about your finances at a hearing. At that hearing you will have to present evidence to the judge of your income and expenses to prove that you have no ability to pay court fees.

① The person who signed this affidavit appeared, in person, before me, the undersigned notary, and stated under oath:

"My name is Richard Eley

My phone number is (214) 881-5358

"My mailing address is 742 Mission Lane, Lancaster, Texas 75146

"I am above the age of eighteen (18) years, and I am fully competent to make this affidavit. I am unable to pay court costs. The nature and amount of my income, resources, debts, and expenses are described in this form.

Check ALL boxes that apply and fill in the blanks describing the amounts and sources of your income.

② "I receive these public benefits/government entitlements that are based on indigency:

- SSI WIC Food Stamps/SNAP TANF Medicaid CHIP AABD
 Needs-based VA Pension County Assistance, County Health Care, or General Assistance (GA)
 LIS in Medicare ("Extra Help") Community Care via DADS Low-Income Energy Assistance
 Emergency Assistance Child Care Assistance under Child Care and Development Block Grant
 Public Housing Other: (Describe) N/A

If you receive any of the above public benefits, attach proof and label it "Exhibit: Proof of Public Benefits"

③ "My income sources are stated below. (Check all that apply)

Unemployed since:

(date)

12/10/2013

-or-

for

Wages: I work as a

Your job title

Your employer

- Child/spousal support My spouse's income or income from another member of my household (if available)
 Tips, bonuses Military Housing Worker's Comp Disability Unemployment Social Security
 Retirement/Pension Dividends, interest, royalties 2nd job or other income: _____
 (describe)

④ "My income amounts are stated below.

(a) My monthly net income after taxes are taken out is:

Total income after taxes → \$ 0

(b) The amount I receive each month in public benefits is:

Total amount received → + \$ 0

(c) The amount of income from other people in my household is:*

Total amount received → + \$ 0

(d) The amount I receive each month from other sources is:

Total amount received → + \$ 0

(e) My TOTAL monthly income is

Add all sources of income above →

*List this income only if other members contribute to your household income.

= \$ 0

⑤ About my **dependents**: "The people who depend on me financially are listed below:

Name	Age	Relationship to Me
1 Shalonda Eley	16	Daughter
2 Isaiah Eley	14	Son
3 Anthony Eley	5	Son
4 Meaghan Eley	3	Daughter
5		
6		

⑥ "My property includes:

	Value*
Cash	\$ 38.00
Bank accounts, other financial assets (List)	
Checking	\$ 33.00
Savings	\$ 5.00
Vehicles (cars, boats) (List make and year)	
Toyota Camry 2000	\$ 6,000
Real estate (house or land) (Do not list the house you live in.)	
House	\$ 90,000
Other property (like jewelry, stocks, etc.) (Describe)	
N/A	\$ 0

Total value of property → = \$ 96,060

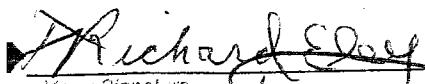
*The value is the amount the item would sell for less the amount you still owe on it (if anything).

⑧ "My debts include: List debt and amount owed." N/A

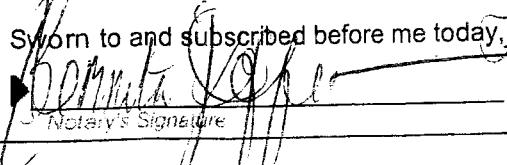
To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach another page to this form and label it "Exhibit: Additional Supporting Facts." Check here if you attach another page.

⑨ "I am unable to pay court costs. I verify that the statements made in this affidavit are true and correct."

⑩ Your Signature. You must either: 1) sign this form in front of a notary public or
2) sign this form and sign and attach a completed "Unsworn Declaration" form.


Your Signature

X 2/3/2014
Date

State of Texas	Notary Public in this State/County are signing in front of a Notary Public	BERNITA D. JEFFERSON Notary Public STATE OF TEXAS My Comm. Exp. May 29, 2016
County of Dallas		
Print the name of county where this Affidavit is notarized.		
Sworn to and subscribed before me today, <u>February 3, 2014</u> , by	Date	X Richard Eley Print name of person who is signing this Affidavit. NOT the notary's name.
		

(The Clerk's office will fill in the Cause Number when you file this form.)

Petitioner/
Plaintiff

Richard Eley

In the (check one):

(Court Number)

- District Court
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Respondent/
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Waffle House

Dallas
(County)

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-or-
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Your employer

- Child/spousal support My spouse's income or income from another member of my household (if available)
 Tips, bonuses Military Housing Worker's Comp Disability Unemployment Social Security
 Retirement/Pension Dividends, interest, royalties 2nd job or other income: _____
(describe)

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Total income after taxes → \$ 0

(b) The amount I receive each month in public benefits is:

Total amount received → + \$ 0

(c) The amount of income from other people in my household is:*

Total amount received → + \$ 0

(d) The amount I receive each month from other sources is:

Total amount received → + \$ 0

(e) My TOTAL monthly income is

Add all sources of income above →

*List this income only if other members contribute to your household income.

= \$ 0

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Name	Age	Relationship to Me
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2 Isaiah Eley	14	Son
3 Anthony Eley	5	Son
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5		
6		

⑥ "My property includes:

	Value*
Cash	\$ 38.00
Bank accounts, other financial assets (List)	
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N/A	\$ 0

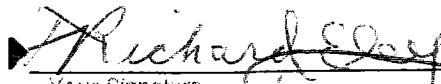
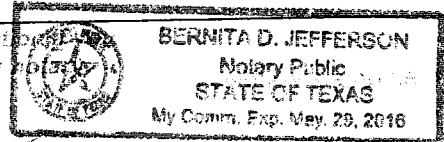
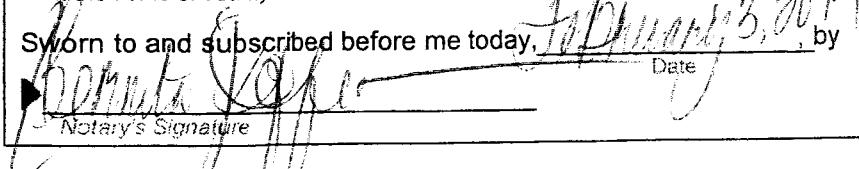
Total value of property → = \$ 96,000

⑦ "My monthly expenses are:

	Amount
Rent/house payments/maintenance	\$ 0
Food and household supplies	\$ 50.00
Utilities and telephone	\$ 100.00
Clothing and laundry	\$ 0
Medical and dental expenses	\$ 0
Insurance (life, health, auto, etc)	\$ 0
School and child care	\$ 0
Vehicle payments	\$ 0
Gas, bus fare, auto repair	\$ 20.00
Child / spousal support	\$ 600.00
Wages withheld by court order	\$ 600.00
Debt payments	\$ 0
Other expenses (Describe)	\$ 0

Total monthly Expenses → = \$ 750.00

*The value is the amount the item would sell for less the amount you still owe on it (if anything).

⑧ "My debts include: List debt and amount owed. N/ATo list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach another page to this form and label it "Exhibit: Additional Supporting Facts." Check here if you attach another page. **⑨ "I am unable to pay court costs. I verify that the statements made in this affidavit are true and correct."****⑩ Your Signature.** You must either: 1) sign this form in front of a notary public or
2) sign this form and sign and attach a completed "Unsworn Declaration" form.
Your SignatureX 2/3/2014
DateState of Texas
County of Dallas
Print the name of county where this Affidavit is notarized.Notary affirms this statement
are signing in front of a Notary Public.Sworn to and subscribed before me today,

Date
Notary's SignaturePrint name of person who is signing this Affidavit.
NOT the notary's name.